quence. The circulation is restored to normal conditions and the patient is able to take up his usual mode of living more rapidly.

I have dwelt in this short article only on a few important facts in the method of work of the present-day surgical nurse, hoping the discussion that will follow will bring out many equally important and instructive points in our nursing work.

TUBERCULOSIS WORK OF A SANITARY INSPECTOR *

BY JOHANNA VON WAGNER Sanitary Inspector, Board of Health, Yonkers, N. Y.

WITH no mortgage on fresh air nor trust to monopolize the supply, it seems unnecessary to have the largest death-rate from a disease which is entirely due to the lack of air and light. When the general public knows more about the laws of health, dark unwholesome dwellings will not be easily rented, even if advertised as cheap, because disease is too dear for most people, especially at the expense of young life.

At the present time we have improved building laws, so that wet cellars, dark unventilated halls, and air-shaft rooms will perhaps soon be a crime of the past.

Cleanliness, real surgical cleanliness, as known in hospitals, will have to be introduced into households to safeguard the family. Sanitary chemistry will do a great deal to improve household hygiene. Underfed and neglected children, such as are found in drunkards' homes, should be taken care of in proper institutions, and the tendencies for an early grave will be lessened.

The lack of cleanliness I hold responsible for much of the tuberculosis in our congested tenement house districts. Suppose I wish to be clean. My neighbor does not wish to be clean, does not recognize his or her duty to the community, expectorates in public places, is not clean in dress or person, in or outside his dwelling. I shall surely suffer, as all humanity forms one chain not stronger than its weakest link. Give us clean air, clean water, clean food, clean utensils, clean bodies, clothes, homes, and streets,—and the record of preventable diseases will become a part of our past painful history.

The musty smell of damp cellar air, the collective odor of six or twelve family cookings, the bedroom odors from overcrowding, all that we notice on entering the usual tenement house, the pernicious habit of two or three members of one family or boarders sharing one bed, and

^{*} Read at the International Congress on Tuberculosis, Washington, D. C.

the fear of night air are soon responsible for the deeline of health and the beginning of tuberculosis. The absence of sunlight at day and the lack of fresh air at night are mighty factors in developing germs.

The mother who is most confined at home is usually the first victim, the baby and other members of the family following, until in some instances whole families have been wiped out.

The mother coughs very often into her hands or apron, and prepares the food with unclean hands, her breath coming into close contact with it, thus sowing germs broadcast.

One day, while visiting a woman who had lost all belonging to her from this disease, I saw an illustration of this kind. She stopped in the middle of getting her meal and said: "I must get some of Jim's letters and papers for you to read." These letters had been kept in a box since his death without being fumigated, and looked over often by other members of the family. All had died but the parents. The woman looked them all over, handed them to me, and went on preparing the meal without washing her hands, cutting bread and cake and offering me a piece, because it was homemade.

In another house I found a man with tuberculosis of the throat and beside him a pan of ashes for the discharges. I asked him what was done with the ashes, and was told that they had a double purpose, to fill in the yard and make a scratching ground for the chickens. On my way to the street I passed through the yard, found the chickens enjoying the rough ashes, and, far worse, the children of six families digging in them, as more fortunate ones do in the sand.

In a Slavish home, where the mother of the family had the disease in its last stage, her bed in the kitchen was shared by husband and three children, the baby beside her in a cradle, the bedrooms sublet to boarders. The poor woman had to get out of bed three times a day to prepare the meals for the family and boarders. It was near noontime, the patient was staggering around from table to stove, coughing terribly, using her hands to expectorate in; also tearing the meat and tomatoes in pieces at the same time, putting them in the frying pan, cutting bread and getting the coffee kettle to boil and the meal was ready. I begged her to stay in bed and let the boarders look after their own meals, but she said her husband would beat her if she did not get up so I waited to see her husband and told him his wife needed a doctor, good care, and a bedroom to herself, and as I had found out that he could well afford it, told him it must be done. The man was furious and said: "My wife, she is no more good to me, she will go in the box soon; I will not spend my money on her."

His young wife, the mother of four children, earing for ten boarders, who went barefooted to the dock summer and winter, carrying heavy loads of coal and wood on her back up the steep Yonkers hills, working and slaving so that the man could put his money in the bank, now had to listen to this brutal speech, and also to feed the woman that was to be her successor, waiting for her end in misery.

There was nothing to do but take the law in my own hands. I told the man to help at once to get one of the bedrooms ready or else be arrested, cleared out six boarders, made the woman comfortable, sent for a doctor, supplies, and milk, and also for the priest to help me in moral suasion. I went once or twice daily to see that the patient was well cared for, and that the children and father slept in the kitchen. The poor young woman at least ended her life in cleanliness and quiet.

When a baker works until three days before his death, it is not likely that the bread he handles will be wholesome, especially when he is careless in coughing, using his hands to wipe away the expectoration. This same man boarded with a nice family, but was as careless in his room, expectorating wherever convenient. The woman, mother of five children, who had to clean the room, contracted the disease, and must now lose her life, and five little children be motherless.

A certain Hebrew who was too sick to work any longer thought he could support his family by going into the milk business, bought the milk in cans, filled the bottles in the dirtiest tenements, coughing and spitting all around the place. The children earried the bottles of milk to the unsuspecting eustomers. It took just one day for the Board of Health to put an end to this enterprise.

In another instance 1 had to report a butcher, who was far advanced, coughing badly, hardly able to be up, handling a great deal of meat and sausage; no one seemed to object to buying at his store.

Seven successive eases of tuberculosis occurred in one basement, found while inspecting, the last vietim lying on the bed in the kitchen, rocking a baby in the small eradle beside him, walls mouldy and mattress soaking wet from dampness. Two small bedrooms occupied by boarders were just as damp, water running down the walls. It was winter, very cold, only a small fire in the kitchen and windows kept tightly closed, all vapors from washing and cooking condensed on walls and woodwork. I reported the condition, the basement as unfit for human habitation. The place was vacated and the Commissioner of Charities helped to move the family into healthier quarters.

The second hand man and rag peddler should be labelled dangerous, and either trade abolished or premises inspected and fumigated. Most

people are anxious to sell clothes, bedding, and furniture after a case of contagious disease, and for some reason or other it is always done before the Board of Health arrives to fumigate. Many people are anxious to patronize the second hand store and so may buy their deaths cheap, but sure.

When I found the wives and children of rag peddlers, many having skin and eye infections, in the small sheds, busy tearing up rags and sorting them, I brought it to the notice of the Board of Health, and women and children were prohibited from working in the rag shops. Most of these peddlers were Italians.

Dumping grounds, where women and children get second hand einders, present another source of infection, as a great deal of sickroom refuse goes into the ash-barrel; it behooves each city to protect the ignorant and prohibit such custom.

Boarding and lodging houses where homeless consumptives abide until death, if not ejected before for lack of funds, or because of the nature of this disease, must be deadly to all newcomers, unless well looked after and cleaned thoroughly, which is very seldom done.

One old man who was dying said with difficulty: "If I had a million dollars to-day I would——" As he seemed tired I said, "Would you buy your health back?" "Oh, no, I would build a big hospital for the likes of me, so they need not suffer like a dog as I did."

One great source of infection must be due to house pets and vermin. Tenement house dogs and cats are, as a rule, not kept clean, they are handled by the sick and other members of the family and neighbors, and so distribute germs wherever they go. Flies, roaches, bugs, etc., must, from the nature of their scavenger traits, contaminate food and the blood of inmates.

Dry sweeping, whether of street, school rooms, carpeted halls, or living rooms should be prohibited. Janitors and housekeepers should realize the danger lurking in dust to themselves and others.

What a lot of teaching it took to do away with the dim religious twilight in sick rooms and allow the patient the benefit of daylight and night air and also to insist upon daily ablutions—the dread of water was as great as the dread of air.

Dirty finger-nails are a great source of infection. Children playing on floors scratch their skin and tubercular abscesses may result. Several babies died with tubercular meningitis within two or three weeks after having been vaccinated; the babies had been healthy and strong up to that time, no history of tuberculosis in family. Mothers were careless and wounds had not been kept clean.

Food exposed to street dust in open meat and baker wagons eannot be wholesome. Restaurants and public drinking houses, whether soda fountains or bar-rooms, all need inspection for more cleanliness.

The most practical solution of the large problem of prevention of tuberculosis would be in enforcing eivic and domestic cleanliness, which cannot be done alone by making laws, but by educating the general public to the whys and wherefores of such laws, and so obtain their cooperation. Pure air can only be found in clean streets and clean homes. Pure water must come from pure sources; pure food, from honest manufacturers, clean dealers, clean restaurants, and a clean family kitchen. Clean bodies and clean living will make this terrible disease a matter of history. Better housing conditions, abolishing cellar habitations and work shops, better isolation of patients with contagious diseases, more supervisions from the Departments of Health, of intelligent officials capable of teaching hygiene, domestic and personal, prevention of overcrowding among the forcign residents of our large cities and much will be done to prevent sickness and poverty.

When the nich and women of science and experience become teachers of those who are in darkness, they will have realized their true mission in life and become co-workers with nature's great law, "Cleanliness is next to Godliness."

THE NEWER INTERPRETATION OF CHARITY AS PRAC-TISED BY THE ASSOCIATION FOR IMPROVING THE CONDITION OF THE POOR*

BY H. GRACE FRANKLIN, R.N.

Graduate of the New York City Training School for Nurses; Association for Improving the Condition of the Poor Field Nurse for the Children's Department of Roosevelt Dispensary.

THE New York Association for Improving the Condition of the Poor was organized in 1843 and has sixty-five years of successful work to its credit.

The following from the sixty-fourth annual report may explain somewhat the policy of the Association:

"During the year ending September 30, 1907, the Association aided either with food, elothes, rent, or counsel, 61,572 persons directly, and 4807 through the Joint Application Bureau. Besides these the district nurses of Junior Sea Breeze visited 102,000 individual families.

^{*} Read at the meeting of the New York State Nurses' Association, Buffalo, October, 1908.